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ABSTRACT

Forms and guidelines presented in this manual were compiled and/or developed by staff of agencies serving nursery schools, group day care centers, and family day care homes. The health and safety guidelines focus on excluding ill children and staff, caring for ill children, safety policies, emergency procedures, fire emergencies, pets, bites, and sanitation. Health forms provided include a health care summary and a health history for preschool/school age children, an immunization exemption form, a medication permission sheet, an emergency card, a model parental consent form regarding accidental ingestion and use of syrup of ipecac, a field trip permission form, and accident and fire drill logs. Materials concerning child abuse include a child abuse/neglect statement for parents and employee handbooks, suggested procedures for recording and reporting child abuse, a list of barriers to reporting, recording to document suspected abuse/neglect, a child abuse/neglect recording form, and a suspected child maltreatment reporting form. Material pertaining to infants and toddlers offers guidelines for diapering and toileting, health care summary and health history forms, and an infant's daily record. Food handling and nutrition is discussed in terms of safe food for healthy children, sanitation, hints for feeding infants, making baby food, and foods to avoid when feeding infants and toddlers. A 24-hour food guide for infants is provided. Resources for health and safety information are listed. (RH)

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# CHILD HEALTH GUIDELINES:

## Health

## Nutrition

## Infants and Toddlers

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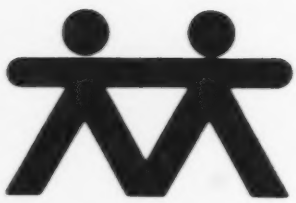

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## INTRODUCTION

The materials in this booklet were designed out of a need perceived by the local agencies serving nursery schools, group day care centers and family day care homes. Representatives from health and licensing, agencies compiled and/or developed the forms and guidelines that are in this booklet. Many existing forms and policies were reviewed. Input was obtained from experts in appropriate areas. Materials have been tested in child care programs and changes made as necessary. Because of numerous requests, these materials were compiled into a manual for the benefit of others in the field.

Keep in mind that the forms and policies were developed to meet Minnesota Day Care standards. Therefore, the readers will need to make changes as necessary to meet their own licensing requirements. Your facility may desire adaptations to fit your particular needs.

Permission is hereby given child care facilities to use any of these forms if proper acknowledgment is given to the authors, i.e. a written credit line. For any other use, permission must be obtained from the publishers, as materials are covered by copyright.

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# HEALTH AND SAFETY GUIDELINES

# SUGGESTED GUIDELINES FOR EXCLUSION/NEED FOR EVALUATION OF AN ILL CHILD

The decision to accept an ill child in a child care program depends on many factors. These include:

1) The ability of the facility to provide adequate care for the ill child without taking needed staff away from the other children.

2) The presence of the ill child would not endanger/jeopardize the health of the other staff/children.

3) State/local licensing regulations relating to care of the ill child.

If a facility decides to provide care for ill children, a plan for care should be approved by the Center's health consultant. The plan should address the following needs of the ill child:

- Growth and development
- Nutrition
- Medication procedures
- Staffing
- Sanitation
- Emergency care
- Communication with parents
- Frequent assessment of condition

Certain symptoms would require that the child be evaluated before being accepted or continuing in the program. These include:

| | |
|---|---|
| Fever | If over 100 degrees axillary/101 degrees orally or accompanied by other symptoms such as vomiting, diarrhea, behavioral change, or undiagnosed rash. |
| Respiratory Symptoms | Wheezing which occurs suddenly and is unexplained.<br>Congestion that is severe. |
| Vomiting | Occurs more than once or is accompanied by other symptoms such as fever, behavioral change, abdominal pain, or diarrhea. |
| Diarrhea | Definition: Loose, watery stools.<br>If it does not improve.<br>If it is occurring in more than one child.<br>If the child is still in diapers.<br>If it is accompanied by other symptoms such as fever, abdominal pain or vomiting. |

| | |
|---|---|
| Sore Throat | If it is accompanied by other symptoms such as a fever or rash. |
| Rash | If cause of rash is not known. |

Center staff should have a good understanding of the above recommendations.

Suggested recommendations for the child to be readmitted to the child care facility for the following communicable conditions are as follows:

| | |
|---|---|
| Chickenpox | 6 days after lesions begin. |
| Impetigo | After treatment begins. |
| Lice | After treatment begins. |
| Scabies | After treatment begins. |
| Pinworms | After treatment begins. |
| Strep Throat | 24 hours after an injection, or 48 hours after oral medication begins. |
| Pink eye | Viral cases do not need to be excluded; however child should see physician to determine if condition is viral or bacterial. |
| Hepatitis, Meningitis, (or other conditions not mentioned) | Check with your local or State Health Department or child's physician for specific recommendations. |

If more than one case of a communicable disease occurs in a single classroom, the Center should contact their health consultant from the local Health Department. In the event of an epidemic, special precautions/exclusion policies may be necessary.

Parents need to be informed of the facility's policies for caring for ill children and the exclusion policies at the time of enrollment.

When a communicable disease occurs, the center should have a means of notifying the parents. Likewise, parents should be informed that if their child contracts a communicable disease, they should inform the center as soon as possible.

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## POLICIES FOR EXCLUSION OF ILL STAFF

Staff members who are ill should not be at the center. Policies relating to exclusion of staff should be similar to those excluding sick children.

## CARING FOR SICK CHILD AT THE CENTER

If a child becomes ill while in your care, every attempt should be made to keep him/her comfortable until the parent arrives.

I. Until the Parent Arrives:

   A. A cot and blanket should be available for the child.

   B. The ill child should be separated from the other children, but should be within sight and hearing of an adult.

   C. Parents need to be notified and informed to make arrangements to have the child picked up from the center. If parents cannot be reached, notify the person designated on the emergency card.

   D. If neither parents nor persons designated on the emergency cards can be reached, or if parents are delayed in picking the child up:
      1) Continue to access the child's condition frequently.

      2) If the child has a fever, take the child's temperature every hour.

      3) If you feel the child's condition warrants medical attention, contact the child's source of health care, or if necessary, your local emergency resource.

II. When a child enrolls into your care, parents should be informed of policies that relate to exclusion of sick children. Parents should be encouraged to establish a plan for back-up care should their child become ill.

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# SAFETY POLICIES

I. Equipment

A. Safety belts on baby carriers, infant seats, strollers, and high chairs must be used to prevent babies from falling out.

B. Walkers need a wide wheel base and should not tip easily.

C. Cribs and playpens with slats spaced no wider than 2 3/8 inches apart must be used. Crib sides must remain up at all times and cover at least 3/4 of the child's height. The mattress must fit the crib snuggly. If there is more than one inch between the crib sides or ends and mattress, the mattress is too small. Bumper pads must extend around the entire crib and tie into place with at least six ties They need to be used until four months of age.

D. Only approved, age appropriate car seats must be used when transporting children. (Refer to Resource List.)

E. By age four months, discontinue hanging mobiles or other objects on cribs and playpens that can easily be pulled down.

II. Medication Administration

A. No medication should be given without authorization from the child's physician and parent. Have parent take time to complete the Medication Permission Sheet. (Refer to section on health forms.)

B. Administer medication in a private setting to de-emphasize the visability of medication to children.

C. The medication can be given only as prescribed.

D. A legible label on prescription medications shall be on the container. These directions must be followed carefully.

E. If there is an expiration date on the label, the medicine may not be given beyond this date.

F. Store medications as instructed.

G. Medications should be measured with standard measuring devices.

H. Never give medications in front of other children.

I. Don't call medications "candy".

J. Be alert to any side effects that may be developing as a result of the medication.

K. Fill out Medication Permission Sheet when you give a medication.

L. Return medication container to parent.

M. File permission sheet in child's file.

N. Antibiotics are usually given on an every four hour schedule. Question anything different.

O. Read the label to ensure proper storage and to see if medication needs shaking before administration.

P. Make sure that you have the right child and the right medication. It is safer for a teacher or assistant teacher who is familiar with the child to give the medication.

III. Poisoning Prevention

A. Separate locked storage areas will be provided for each of the following: art, cleaning products, and medicine. Food will not be stored with any of the above.

B. Keep all cleaning fluids, drain openers, etc., in their original bottles with label intact.

C. Make sure that plants are non-poisonous and hung out of reach of children.

D. Likewise, if using diaper pail deodorants, make sure pail is out of the reach of children.

E. Clean up all spilled liquids.

F. Use only lead-free paint on equipment and walls. Buy toys which have non-toxic paint on them.

G. Use of aerosol sprays is discouraged.

H. The phone number of the Poison Control Center should be posted with other emergency numbers by the phone.

IV. Prevention of Choking, Aspiration, Suffocation and Drowning

A. Remove all bones and shells from food before serving.

B. Do not give children cough drops, gum, fruit containing seeds or pits, popcorn, peanuts, etc.

C. Do not feed hard foods such as certain raw vegetables and fruits or bacon to infants.

D. Do not stimulate a child to laugh or cry when he/she has food in his/her mouth.

E. Store pins, buttons, needles, and all small pointed instruments in a childproof container out of reach.

F. Frequently inspect toys to make sure that there are no small detachable parts. Toys should be age appropriate. (For example, they should contain no small pieces).

G. Avoid using plastic bags to cover mattresses.

H. Keep cribs away from venetian blinds.

I. Children must be closely supervised in a wading pool. The pool must be emptied after each use.

J. Toilets are a potential hazard for drowning. Supervise children in the bathroom.

K. All staff should have specialized training in CPR for infants and young children and experience with a resusci-baby.

L. All staff should have training in handling choking infants and young children.

V. Burns and Electrical Accident Prevention

A. Hot water in the handwashing sink should be set no higher than 110 degrees Fahrenheit.

B. Bath water should be between 95 degrees - 105 degrees and must be checked with a thermometer.

C. Children should not be allowed in the kitchen when cooking.

D. Check temperature of foods before serving to children. Food should be warm, not hot.

E. Use protective covers on electrical outlets.

F. Supervise children so they cannot pull or chew on electrical cords.

G. Smoking by staff must be restricted to "staff only" area. (It is preferable that no smoking in center is allowed due to a correlation between exposure to smoke and upper respiratory infections in children).

H. Vary the times during which you conduct monthly fire drills so that you encounter a variety of activities.

I. Babies can be put into a crib which can be rolled outside during a fire or fire drill.

VI. Prevention of Other Injuries

A. Cushion sharp table edges with foam rubber.

B. Use expandable gates to protect staircases.

C. Use unmovable solid step stools for children to reach the sink.

D. Don't leave child unattended on a changing table. Keep one hand on the child at all times.

E. Check toys and equipment for repair on a monthly basis. Toys should not have sharp edges and should not easily splinter or break.

F. Overexposure to sun should be prevented by use of protective clothing and hats. Babies have very sensitive skin and often have little hair so they burn easily. Use of an effective sunscreen product may be indicated; the parent must give written permission before a staff person applies such lotion.

G. Child should be protected from biting insects by:

1. Installation of screens or windows.
2. Avoiding areas where bees are attracted - food, garbage, flowers.
3. Use of an insect repellent (in lotion form only) with parent's permission.

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## EMERGENCY PROCEDURES

Parents of all children in a school/center are required to submit a medical release form giving the program permission to seek medical attention for the child in case of an emergency. The parents should update the school/center on any change in home, work, and medical phone numbers.

### Individual Accidents

1. Child Accidents

   Any accident involving more than minor bruises or scrapes should be recorded on an accident report form and filed in the school office. Minor scrapes requiring bandages should be listed on a daily accident log. Parents should be notified that first aid measures were carried out.

   If it appears that the accident may lead to future complications or in any way be serious, the child needs to be medically examined. The following procedures are suggested:

   A. A member of the school/center staff should carry out immediate first aid.

   B. A member of the school/center staff should contact the parents in order for them to come and take the child for necessary medical care.

   C. In case the parents or the alternate listed emergency number cannot be reached, the Director will have the authority to call a previously designated physician and/or call the local emergency unit for treatment and/or transportation to a hospital. A staff person should accompany the injured child to the hospital and stay until the parent arrives.

   D. In some emergency situations, the staff should contact the local emergency unit before calling the parent (i.e. cessation of breathing).

2. Adult Accidents

   If an accident occurs on the job where serious complications may develop or where employment time may be lost, the employee should be medically examined immediately. The following procedures are suggested:

   A. Report the accident to the Director or Assistant Director.

   B. Arrange for the employee to see a physician.

   C. Make sure that an accident report is filled out.

### Accidents in Transit

When going on field trips, school/center staff should take money for making phone calls, a first aid kit, and emergency numbers for the children.

A. Call the police immediately.

B. Call the school/center and inform them of the accident and the number of children on the bus. See that the Director or Assistant Director are contacted.

C. Stay with the children until the school/center makes new transportation arrangements.

2. When the Bus Driver or Children are Personally Injured

A. Designate someone to call the police if they have not already arrived.

B. Ask the police or designate someone else to notify the Director of the center.

C. The Director or a designee should go to the hospital to support the children and staff and to help with child identification as needed. One person must stay in the office to monitor calls.

3. For Staff Who Take the Emergency Call

A. Request that the police or a competent adult see that all children are examined medically.

B. Call the supervising teacher, Assistant Director, or Director.

C. Notify other staff members of what has happened, and give them pertinent details so they will be able to answer phone calls or questions informatively.

D. Call parents of children who were on the bus at the time of the accident.

- Be calm—do your best not to alarm the parents.

- If you know a child has been injured and has been taken to the hospital, tell parents that children are being examined and ask the parents to go to the hospital.

- If you were informed that none of the children seemed to be injured, tell the parent that the children are being examined at the hospital and ask the parent to go to the hospital.

E. Stay at the hospital until everything is under control and until a parent or designated adult has come to the hospital for each child.

Severe Weather: Tornadoes

1. Contact the local Civil Defense Unit to do a survey and provide a floor plan for emergency shelter. If some school/centers are without an appropriate area for shelter, they should make arrangements to have an appropriate shelter within the neighborhood.

2. Post shelter information in each room. The emergency equipment should include: a first aid book, a first aid kit with maintenance check every three months, a fire blanket, camping lantern(s)/flashlight(s) and batteries-- (a maintenance check every three months), a transistor radio(s) and batteries, and a surprise bag of new toys. While on field trips be alert for threatening weather. Listen to the radio for weather reports and take the children to shelter as necessary.

3. Have periodic tornado drills.

Severe Weather: Blizzards

1. During a blizzard watch, notify parents that the school/center will be closing early and parents should arrange to pick up children.

2. When parents can not get to the school/center because of poor weather conditions, children will be kept at the school/center.

3. Parents need to be contacted as soon as possible and be informed that their children may stay at the center/school under supervision throughout the night.

4. Meals will be served and children will sleep on their individual cots using their blankets.

5. All rooms should be kept as warm as possible.

6. Breakfast should be served the following morning and possible arrangements for the children to return home will be made.

Power Failure

1. Reassure children.

2. Utilize flashlights.

3. In case of power failure, the school/center may not need to close on a temporary basis. If the room temperature drops, the children should put on their coats.

4. If the power failure will be prolonged, parents should be contacted and asked to pick up their child.

5. If a parent cannot be reached, alternative arrangements should be made with nearby facilities or in personal homes with the parent continuing to be contacted.

Missing Persons

1. The immediate area should be thoroughly searched.

2. Police should be notified.

3. Parents should be notified within one-half hour if there is no indication of the child's whereabouts.

4. Remaining staff, except for administrative staff, should stay with their own children. The Director or Assistant Director may wish to ask other staff members to help in the finding of the missing person.

Electricity Cut Off

1. Electricity should be cut off at the main fuse box. All staff should know its location.

2. Electricity should be cut off for a situation that would involve tornadoes, school/center building repair work requiring repair close to electrical wiring, an emergency where electrical shock occurs or in a flood situation.

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# FIRE EMERGENCIES

In the event of a fire, remember that the primary goal is to get all the children out of the building as quickly and as safely as possible.

I. In the event of a fire, the following procedures should be followed:

   A. Children should line up in a quick and orderly manner and follow an adult out of the building.

   B. If smoke is a problem, persons should drop to the floor and crawl.

   C. One adult should take the attendance sheet along. Areas should quickly be checked for additional children. Don't forget to look in nap rooms and bathrooms.

   D. Each center should have a designated place to meet outside in case of fire. As one adult goes to call 911 from a neighboring telephone, the second adult can take attendance to make certain that all persons are accounted for.

   E. Never return to the building until the firemen tell you that it is safe to do so.

II. Fire Drills

   A. Fire drills should be practiced at least monthly. Alternate routes should be practiced.

   B. A log should be kept to document date and time of the fire drill and the time it took to evacuate the building.

III. Post a diagram showing emergency exits in each room.

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## GUIDELINES FOR PETS IN CHILD CARE FACILITIES*

A. Kinds of Pets - Domestic, small, easy to maintain, kept in small covered cage.

1. Recommended: guinea pigs, rats, hamsters, gerbils, mice, fish

2. Not Recommended: Wild by nature, often found with disease, hard to maintain.

| | | |
|---|---|---|
| turtles | rabbits | poultry |
| cats | dogs | birds |
| snakes | lizards | salamanders |
| toads | frogs | crabs |

3. If any question regarding other type of pet, call local Health Department or equivalent.

B. Where to Keep - Location

1. Remote from food area. Not in kitchen, food storage room, dining area, or other food service area.

2. Caged - Easily cleanable, covered cage.

C. How To Care For

1. Clean daily or as necessary.
2. Children should not assist with pet care or maintenance.
3. Separate facilities are required for cleaning of cages and food service.
4. Handwashing is mandatory after handling pets or excretions.

D. Storage of Supplies

1. All pet food and cleaning supplies should be separate from food service supplies.

E. Pet Health

1. All pets should be in healthy condition or brought to Vet.

F. Sources of Pets

1. Licensed pet shops.
2. Other sources approved by local Health Department, (i.e., Lab).

G. Waste Disposal

1. Waste must be disposed away from food service area and away from children.

*Be aware that there may be children in the school/center with animal allergies.

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## ANIMAL BITES

If a child is bitten by an animal and the bite breaks the skin, the following procedures should be followed:

1. Wash the area thoroughly with soap and water.

2. If the animal is a caged pet at the center, contact the child's parents and inform them of the incident. Instruct them to contact their child's source of health care to see if any further treatment is necessary.

3. If the animal is not a center pet, (i.e. dog, cat, squirrel) try to get a good description of the animal's physical appearance and behavior.

4. If it can be done safely, have an adult attempt to follow the animal until the police arrive. Contact the Police Department as soon as possible. They will attempt to find the animal.

5. Contact the child's parents. Further medical treatment, such as rabies injections, may be necessary.

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## SANITATION

Cribs, Cots, Linens

1. Should be cleaned and sanitized between children.
2. If used for the same child continually, cots and linens should be cleaned and sanitized weekly or more often if soiled.
3. Blankets, etc. should remain folded on the child's own cot or in the child's individual storage bin. Cots should not be stacked with bedding on them.

Toys

1. All toys should be capable of being routinely and effectively cleaned.
2. Baby toys (such as rattles) that frequently enter child's mouth, should be washed daily or more often if necessary.
3. All other toys should be washed monthly or more often if necessary.

Carpets

1. Remove loose food soil/debris on carpet surface.
2. Spray or soak spots with detergent.
3. Brush or otherwise loosen food soil/debris in rug fabric as much as possible to dissolve soil.
4. Remove dissolved soil with wet, clean, squeezed-out sponge.
5. Rinse (lightly) the area being cleaned.
6. Allow area to dry.

**Glossary of Terms**

Cleaning agent: detergent and water, used to clean gross matter from a surface.

Sanitizing agent: Chemical and water used to reduce the bacterial contamination of an object or surface to a safe level. The least expensive solution is chlorine bleach and water. Another appropriate sanitizing chemical is quaternary ammonium chloride (commonly known as a "Quat" sanitizer, i.e. Organicquat, Tergiquat).

Chlorine bleach solution proportions: One ounce bleach to one gallon water. Solution should be dispensed from a pump spray bottle.

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# HEALTH FORMS

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# HEALTH CARE SUMMARY (PRESCHOOLERS AND SCHOOL AGE)

(To be completed by health care provider)

Date of Enrollment

Child's Name _____ Birthdate _____

Address _____ Phone _____

Height/(Percentile) _____ Weight/(Percentile) _____

PHYSICAL FINDINGS:

| | N/AB | COMMENTS | | N/AB | COMMENTS |
|---|---|---|---|---|---|
| 1. Head | | | 11. Cardiovascular | | |
| 2. Face | | | 12. Abdomen | | |
| 3. Neck | | | 13. Genitals | | |
| 4. Eyes | | | 14. Extremities | | |
| 5. Ears | | | 15. Joints | | |
| 6. Nose | | | 16. Muscle Tone | | |
| 7. Mouth | | | 17. Skin | | |
| 8. Throat | | | 18. Neurological | | |
| 9. Chest | | | 19. VISION | | |
| 10. Spine | | | 20. HEARING | | |

LAB FINDINGS:

Hemoglobin/Hematocrit _____ Urinalysis _____ Sickle Cell _____ Blood Lead _____ MANTOUX _____ OTHER _____

IMMUNIZATION HISTORY:

Enter the MONTH and YEAR of each dose. DO NOT USE (✓) OR (X).

| TYPE OF VACCINE | 1st Dose MONTH-YEAR | 2nd Dose MONTH-YEAR | 3rd Dose MONTH-YEAR | 4th Dose MONTH-YEAR | 5th Dose MONTH-YEAR |
|---|---|---|---|---|---|
| DPT (Diptheria, Tetanus & Pertussis) | | | | | |
| POLIO | | | | | |
| MEASLES | | | | | |
| RUBELLA | | | | | |
| MUMPS | | | | | |

Shading indicates the minimum number of doses which are recommended for children 18 months of age or older.

ONE OR MORE OF THE FOLLOWING MUST BE CHECKED AND SIGNED.

1. ☐ I certify that the above named child is appropriately immunized for his/her age, according to Minnesota state law for day care enrollment. If child has not had minimum number of doses as indicated above, the dates for which the remaining doses are to be given are:

_____

(The child must complete DTP/Td and polio series within 18 months to remain enrolled.)

_____ _____

Signature of Physician or Public Clinic Date

2. ☐ The above information has been transferred from records maintained by the child's parent/guardian and indicates that the minimum recommended number of doses of vaccine have been received. (ONLY APPLIES FOR CHILDREN 18 MONTHS OF AGE OR OLDER)

_____ _____

Signature of Parent or legal Guardian Date

3. ☐ I certify that the above named child has received at least one dose of each vaccine and is in the process of completing the DTP/Td and/or polio vaccine series. The dates for which the remaining doses are to be given are:

_____

(The child must complete DTP/Td and polio series within 18 months to remain enrolled.)

_____ _____

Signature of Physician or Public Clinic Date

1. Does this child have allergies? (Specify)_____

   RECOMMENDATIONS:_____

2. Is there a condition which may result in an emergency?_____

   _____

   EMERGENCY PLAN:_____

3.

| IMPORTANT HEALTH PROBLEMS | FOLLOWED BY: | REQUIRES SPECIAL ATTENTION IN DAY CARE CENTER |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

4. How long have you been seeing this child?_____

5. Is a special diet necessary? _____

6. Is this child developing normally for his/her age?_____
   (If not, what modifications in the Day Care Program are needed?)

   _____

   _____

NAME OF CLINIC, if applicable: _____

Address: _____ Telephone: _____

_____
(Signature of Examining Physician)

DATE FILLED OUT: _____

DATE OF EXAM:_____

HEALTH HISTORY - PRESCHOOL/SCHOOL-AGE
(to be completed by parent before admission)

CHILD'S NAME_____AGE_____BIRTH DATE_____

A. HEALTH

1. Does this child seem WELL most of the time? Yes___ No___
2. In a year, has this child had as many as 3 episodes of EAR TROUBLE? Yes___ No___
3. In a year, does this child usually have more than 3 COLDS or SORE THROAT infections with a fever? Yes___ No___
4. Does this child have trouble getting rid of severe COUGHS? Yes___ No___
5. Does this child complain frequently of headache, leg ache, stomachache, or other PAIN? Yes___ No___
6. Has this child had trouble with his/her EYES or VISION? Yes___ No___
7. Is child's APPETITE usually good? Yes___ No___
8. Does this child chew unusual things such as pencils, cribs, window ledges, paint chips, plaster or hair? (PICA) Yes___ No___
9. Does this child have any difficulty SLEEPING? Yes___ No___
10. When was he/she last seen by a DENTIST?
    Date:_____ (If over 6 months, check "No") Yes___ No___
11. Was all the DENTAL WORK he suggested completed? Yes___ No___
12. Was this child seen by a DOCTOR since last clinic exam? Yes___ No___
    If Yes, When? _____
    What for? _____
13. Is child taking any MEDICINES now? (For example, asprin, laxatives, etc.) Yes___ No___
    If Yes, what mediciation? _____
    Why? _____
14. PAST HISTORY - Circle any of the following this child has ever had:

| | |
|---|---|
| "Red" or "Hard" measles | Premature birth |
| German or 13-day measles | Trouble breathing at birth |
| Mumps | Birth injury or defect |
| Chickenpox | Head injury |
| Meningitis | Allergies, (Eczema, hives, drug or |
| Scarlet Fever | food intolerance, hay fever, |
| Kidney or bladder | wheezing, or asthma) |
| infection | Convulsions, seizures, fits |
| Diabetes | Heart trouble |
| Pneumonia | High fever (Above 104 degrees |
| Physical handicap | for 3 days or more) |

15. RECENT HISTORY - Circle any the child has had recently:

| | |
|---|---|
| Frequent urination | Dizziness, fainting spells |
| Small stream or dribbling | Tires easily |
| Burning or painful | Swollen glands |
| urination | Shortness of breath |
| Constant cold | Difficulty hearing |
| Bowel problems | Bleeds easily |
| | Joint pain |

16. Other ILLNESSES or DISEASES? Yes___ No___
    If Yes, what? _____

17. Has this child been HOSPITALIZED? Yes___ No___
    If Yes, for what? _____
18. Has this child had any serious ACCIDENTS or ingestions? Yes___ No___
    If Yes, list type, when, how treated: _____
    _____
19. Does this child have any physical RESTRICTIONS? Yes___ No___
    If Yes, what? _____
20. Has this child ever been seen by a medical SPECIALIST? Yes___ No___
    If Yes, who? _____
    why? _____
21. Has this child ever had a SICKLE CELL TEST? Yes___ No___
    When? _____

B. GROWTH AND DEVELOPMENT

1. Does this child get along well with:
   - Mother? Yes___ No___
   - Father? Yes___ No___
   - Brothers? Yes___ No___
   - Sisters? Yes___ No___
   - Older children? Yes___ No___

   COMMENTS: _____

2. Are you concerned about your child in any of the following areas.
   - a. Bedwetting? Yes___ No___
   - b. Wetting during the day? Yes___ No___
   - c. Difficulty going to bed or staying in bed? Yes___ No___
   - d. Bad dreams, wakefulness, disturbed sleep? Yes___ No___
   - e. Biting nails, nervous habits? Yes___ No___
   - f. Thumbsucking? Yes___ No___
   - g. Stammering or stuttering? Yes___ No___
   - h. Irritability, easily upset, feelings hurt easily? Yes___ No___
   - i. Restlessness, overactivity? Yes___ No___
   - j. Day dreaming, mind not on what he's doing? Yes___ No___
   - k. Overly cautious, fearful, shy? Yes___ No___
   - l. Wanting too much attention, comfort, or support; clinging? Yes___ No___
   - m. Breath holding? Yes___ No___
   - n. Contrary, stubborn, uncooperative, disobedient? Yes___ No___
   - o. Selfishness, inability to share? Yes___ No___
   - p. Jealousy? Yes___ No___
   - q. Anger, temper tantrums? Yes___ No___
   - r. Destroying things on purpose? Yes___ No___
   - s. Clumsiness, awkwardness? Yes___ No___
   - t. Too much concern about sex for age? Yes___ No___

   COMMENTS: _____

3. What experience has this child had with groups? (Day Care, preschool, Head Start, church or Temple school) _____
   _____

4. Is there anything additional that you would like to tell us about your child? _____
   _____
   _____

PARENT SIGNATURE _____

DATE _____

BEST COPY AVAILABLE

IMMUNIZATION EXCEPTIONS

## LEGAL EXEMPTIONS TO MINNESOTA STATUTES 1980, SECTION 123.70

1. No child 7 years of age or older shall be required to be immunized against pertussis.
2. No child 7 years of age or older shall be required to be immunized against mumps, although such immunization is highly desirable.
3. No child under 15 months of age shall be required to be immunized against measles, mumps or rubella.
4. No female child 12 years of age or older shall be required to be immunized against rubella although such immunization is highly desirable.
5. No child shall be required to receive an immunization for which laboratory evidence of immunity exists or for which there is a medical contraindication. The following (or similar) statement must be signed by a physician in order for the child to receive a medical exemption.

   I hereby certify that immunization is contraindicated for medical reasons or that laboratory confirmation of the presence of adequate immunity exists for the following immunizations: _____

   _____

   _____ _____
   Signature of Physician Date

6. No child shall be required to receive an immunization which is contrary to the conscientiously held beliefs of the parent or guardian. The following (or similar) statement must be signed and notarized in order for the child to receive an exemption.

   I hereby certify by notarization that immunization for my child is contrary to my conscientiously held beliefs. Indicate vaccine(s) _____

   _____

   _____ _____
   Signature of Parent or Legal Guardian Date

Subscribed and sworn to before me this _____ day of _____ 19_____ .

_____
Signature of Notary

A COPY OF STATEMENT 6 WILL BE FORWARDED TO THE COMMISSIONER OF THE DEPARTMENT OF HEALTH.

FOR DAY CARE USE ONLY

- ☐ Complete (minimum number of doses have been received)
- ☐ Up to Date for age; next dose due _____
- ☐ In Process; 18 months expires _____
- ☐ Medical Exemption* for _____
- ☐ Conscientious Objection* for _____

## MEDICATION PERMISSION SHEET

CHILD'S NAME_____ CHILD'S ADDRESS_____

I have prescribed the following medication for this child and request that dosage falling during Day Care Center hours be administered by Day Care Center personnel. NOTE: Authorization is needed for non-prescription medications, also.

MEDICATION:_____

Condition for which prescribed:_____

Possible Side Effects:_____

Instructions for Use:_____ Dosage:_____ Time:_____

Frequency:_____ How Long?_____
(No. of Days)

DATE:_____ SIGNATURE:_____
(Physician)

Address:_____

Telephone No.:_____

PHARMACY:_____ Phone:_____

I request the above medication be given to my child as prescribed

DATE:_____ SIGNATURE OF PARENT OR GUARDIAN: _____

CENTER STAFF: Fill in date, time, and initials whenever dispensing medicine.

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

DISPOSITION OF MEDICINE: Returned to Parents _____ Date: _____

Please place this form in the child's folder when medication is complete.

## EMERGENCY CARD*

NAME_____ BIRTHDATE_____

ADDRESS_____

PARENTS — TELEPHONE NUMBERS

1. _____ Work:_____
   Home:_____

2. _____ Work:_____
   Home:_____

RELATIVE ALTERNATE

1. _____ Phone:_____

2. _____ Phone:_____

PHYSICIAN:_____ Phone:_____

LAST DPT:_____ ALLERGIES:_____

MEDICATIONS:_____

OTHER SIGNIFICANT MEDICAL INFORMATION:_____

_____

(BACK OF EMERGENCY CARD)

I give permission to_____to make whatever emergency, (e.g., first aid, disaster, evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the School/Center.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource, (Police, Rescue Squad) deems it necessary. The child will be transported at the expense of _____.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

DATE:_____ SIGNATURE_____
(Parent or Guardian)

*To be kept by telephone and taken on all field trips. Programs providing transportation should carry a duplicate set in vehicle.

MODEL PARENTAL CONSENT FORM REGARDING
ACCIDENTAL INGESTION AND THE USE OF
SYRUP OF IPECAC

FIRST AID FOR POSSIBLE POISONING

Poisons can be defined as any agent that kills, injures or impairs a living organism. Each year approximately 3,000,000 poisonings occur throughout the nation. Eighty percent of these involve children under the age of five. This statistic is not surprising if one considers that young children have curious, exploring personalities and little knowledge of toxic substances.

(Name of Center) has taken every precaution to ensure that potential poisons are out of the reach of the children we care for. In the event that an accidental ingestion should occur, however, our staff will consult with the Poison Control Center. If vomiting is the recommended course of treatment, our center will administer Syrup of Ipecac as instructed by Poison Control.

Syrup of Ipecac could save your child's life in an accidential ingestion. This medicine can be bought in any pharmacy without a prescription. It is used to induce vomiting when it is desirable to empty the stomach quickly to prevent further absorption of the poison. Ipecac would never be used without the recommendation from Poison Control. This medicine comes in liquid form and is given with water, juice or pop. One staff person would stay with your child to observe his/her condition and help him/her through this process. As a parent/guardian, you would be notified immediately of the poisoning, information provided by Poison Control as well as their recommendations for treatment and the condition of your child.

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

In the event of an accidental ingestion, I understand that (Name of Center) staff will contact the Poison Control Center. I give my permission for the staff to administer Syrup of Ipecac to my child (Child's Name) if directed to do so by the authorities at Poison Control.

_____ _____

(Signature of Parent/Guardian) (Date)

PERMISSION FORM*

I give permission to (name of school/center) to have my child _____ participate in publicity or research activities at the school/center. I understand I will be notified of the data and time of such activities.

I give permission to (name of school/center) to take my child _____ on supervised neighborhood walking trips.

I give permission to (name of school/center) to take my child _____ on supervised field trips that require public or private transportation. I understand that I will be notified of date and times of such trips.

I give permission to (name of school/center) to take whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the school/center.

In case of medical emergency, I understand that my child will be transported to appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at the expense of (school or parent).

It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

I have received a copy of the school's/center's policies and understand them.

Date_____Signature_____

*To remain in child's file.

# ACCIDENT REPORT FORM*

## DESCRIPTION

Name of injured:_____ School/Center:_____

Date of accident:_____ 19____ Time:_____ AM PM

Describe how and where accident occurred:_____

_____

_____

Describe injury:_____

_____

_____

## MANAGEMENT

1. Describe first aid given and by whom:_____

_____

_____

2. Did child continue activities?_____

3. Child transported by whom?_____

   Where? home_____ which hospital_____ which clinic_____

   Physicians name and address:_____

   How were parents notified?_____ Date:_____ Time:_____

## LEGAL FOLLOW-UP

Report submitted by:_____ Position:_____

Date of report:_____

*This report is to be made out for each injury a child received.
Completed forms are to be included in child's case record.

ACCIDENT LOG _____
(month - year)

| NAME | AGE | DATE | TIME | TEACHER | PLACE | DETAILS | FOLLOW-UP |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

FIRE DRILL LOG _____ (year)

| MONTH | DATE | TIME OF DAY | EVAC TIME | # OF STUDENTS | # OF ADULTS | COMMENTS: |
|---|---|---|---|---|---|---|
| | | | | | | |
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# CHILD ABUSE & NEGLECT

## STATEMENT FOR PARENT HANDBOOK

The following is a sample statement defining the basic needs of children and the responsibility of the staff for reporting suspected child abuse or neglect.

Children need a safe, nurturing environment that assists them to grow, learn, and feel loved by their caretakers. In order to grow and learn, children's minimum needs for good nutrition, shelter, medical care, bathing, clean clothes, intellectual stimulation, appropriate discipline, love and a feeling of importance must be met. When these needs are not met, a child cannot grow and learn as easily.

Center/Nursery School expresses a commitment to provide an environment that encourages the child's growth and learning. If you feel that our staff is not meeting your child's needs, we encourage you to talk with the director.

Should you have difficulty in providing for your child's emotional or physical needs, you are encouraged to ask for help. Our staff can help you find a community resource which can offer assistance. Some 24-hour community resources which can help you, when you find that you are experiencing more stress than you can handle, include:

| | |
|---|---|
| Parents Anonymous | 347-2223 |
| Hennepin County Crisis Hotline | 347-3161 |
| Hennepin County Child Protection | 348-3552 |

In a rare instance when we feel that your child's needs are consistently not being met, our staff will work with you to identify your child's needs and assist you in meeting those needs. If you are temporarily unable or unwilling to meet your child's minimal needs, as described above, our staff is mandated by Minnesota State Law to file a report with Hennepin County Child Protection. It then becomes the role of the Child Protection Unit to work with your family to insure that your child's needs are being met.

It is essential that you keep us informed about your child's health history, illnesses, injuries, etc., so that our staff can be aware of your child's needs. Please make a point of informing us when your child develops a new health problem, communicable disease, or is injured.

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## POLICY STATEMENT FOR EMPLOYEE HANDBOOK

The following is a sample statement defining who is required to report a suspected case of child abuse or neglect. It is meant to be included in your employee handbook.

Anyone may report abuse or neglect. Under state law, however, people who are required to report include: "A professional or his delegate who is engaged in the practice of the healing art, social services, hospital administration, psychological or psychiatric treatment, child care, education, or law enforcement..." Doctors, dentists, educators, day care and group home staff, foster parents, pharmacists, nurses—they are among the people who must step in to help children.

from: Hennepin County Guide for People who Work with Children

Definitions of Abuse and Neglect as taken from the Hennepin County Guide for People Who Work with Children are as follows:

### WHAT IS NEGLECT?

Neglect of children is defined in two places in state law. The mandated conditions for reporting are found in MS 626.556. Other conditions of neglect and dependency are in MS 260.015. Relevant parts of the statutes are reprinted at the back of this guide.

The following are conditions under which the law requires a report to Child Protection or a law enforcement agency:

- Inadequate food
- Inadequate clothing
- Inadequate shelter
- Inadequate medical care
- Failure to protect a child from conditions or actions which imminently and seriously endanger the child's physical or or mental health when reasonably able to do so.

As you see, neglect and dependency are extremely difficult elements of behavior to judge. But it is crucial that people who work with children consider the array of factors which deny children the feeling of being loved or deny children basic physical necessities. We encourage you to think about the many forms of neglect and call your county to discuss the appropriateness of referrals when you have doubts.

### WHAT IS PHYSICAL ABUSE?

Under Minnesota statute, physical abuse means: "Any physical injury inflicted by a parent, guardian, or other person responsible for the child's care on a child other than by accidental means; or...Any physical injury that cannot reasonably be explained by the history of injuries provided by a parent, guardian or other person responsible for the child's care."

Children who are physically abused sometimes bear signs of injury such as bruises, welts, burns, fractures, swellings, or lost teeth. The list of possibilities is long and unpleasant. While internal injuries are seldom detectable without a hospital exam, anyone in close contact with children should be alert to multiple injuries, a history of repeated injury, new injuries added to old, and untreated injuries.

The older child may attribute the injury to an improbable cause, lying for fear of parental retaliation. The younger child, on the other hand, may be unaware that severe beating is unacceptable and may admit to having been abused.

The following are conditions of physical abuse that should be referred:

- Child has suffered an injury which appears to be nonaccidental in nature.
- Child has suffered a physical injury as a result of hazardous conditions uncorrected by parent or guardian.
- Child suffers physical injury due to inadequate supervision by parent or guardian.
- There is substantial likelihood that the child will imminently suffer a physical injury.

WHAT IS SEXUAL ABUSE?

Approximately 75 percent of the sexual abusers are known to the child or the child's family. Since the sexually abused child lacks the symptoms of battering, sexual abuse is difficult to identify. Short of the child telling someone, the best indicators may be a sudden change in behavior and signs of emotional disturbance. The child, for example, may unexplainably begin to cry easily and seem excessively nervous.

The following are conditions of sexual abuse which should be referred:

- A child is the victim of criminal sexual conduct by a parent, guardian, caregiver or sibling.
- A child is engaged in prostitution.
- A juvenile is the perpetrator of sexual abuse.
- Child is the subject of pornographic materials.

For further information, please see copy of booklet "Child Abuse and Neglect", "The Hennepin County guide for People Who Work With Children", Revised 1984. This booklet can be obtained from the Hennepin County Protection Program. Telephone: 612-348-3552.

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## SUGGESTED PROCEDURES FOR RECORDING AND REPORTING CHILD ABUSE

Every program will need to adapt these procedures to meet their own needs and situation. They are developed as a model. Each program must consider how the steps outlined will be implemented.

1. Every parent should be informed when they enroll their child that child care programs are required by law to report cases of suspected child abuse and neglect and of the procedure which the program will follow. One person should be designated to perform this task with each parent as part of the intake procedure. The "Statement for Parent Handbook", included in this handbook is one way to inform parents. It could be given to each parent during intake and gone over with them.

2. An important question to ask at intake is whether the child has been in another center and if the child's records can be transferred. The parents will need to sign a release of information for the records to be requested. This is one way we have of keeping track of children who are moved from one center to another.

3. The lead teacher in each classroom is responsible for recording incidents which are suspicious.

   A. A suggested form is included in this packet.

   B. Each center must decide where this information is to be kept.

   C. Recording must be done carefully and factually. Every effort must be made to avoid comments which are judgmental and only objective data should be written down. There is a difference between "John arrived in school today with a one inch bruise under his left eye" and "It looks like John's father hit him under the eye". The first example is recommended. It gives concrete specific information. The teacher is not drawing any conclusions about what happened.

4. The director or teacher (one person should be assigned the responsibility) needs to discuss the injury or problem with the child's parents. Their answer should be added to the recording sheet.

5. In most cases of suspected abuse or neglect, it is not one incident but a series of incidents and risk factors which create the suspicion of child abuse. Accurate observation and recording provide the child care program with enough information on which to base a decision about whether to report. Records should be maintained for one year after the child leaves the program.

6. If there is doubt about whether the case should be reported to Child Protection, a designated staff person may consult with Child Protection, their public health nurse or medical resource.

7. The parents should be informed of the child care program's intention to report or to be informed immediately after the report is made. The parent needs to be reassured that the role of Child Protection is to support the family.

8. In cases where the child is in immediate danger, the police should be called. The child care program must decide whether to inform the parents before the child has been removed or immediately after. It is helpful to make an oral report to both Child Protection and the police in cases of immediate danger.

9. An oral report to either the police department or Child Protection shall be made by a person designated by the child care program.

10. The oral report will be followed as soon as possible with a written report. The Suspected Child Maltreatment Form included in this handbook can be used to make the written report. Both oral and written reports should include the following information:

    A. Date and time of report.

    B. Name of child.

    C. Parent or guardian.

    D. Description of the child's injuries or condition.

    E. Parent or guardian's explanation of how the child's condition occurred.

    F. Name, address and phone number of the reporter.

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## BARRIERS TO REPORTING

Reporting cases of suspected child abuse and neglect are difficult. There often seems to be more good reasons not to report than to report. The child care program must look at what is in the best interest of the child.

"NOTHING WILL HAPPEN IF I REPORT ANYWAY".

We often have strong opinions about how Child Protection should respond to our report. It is very frustrating to watch a child in a difficult situation and not able to change it.

Your role is to act an advocate for the family and insure they receive the services available to them from Child Protection.

A. When reporting, inform Child Protection of your concerns, first verbally and then in written form. It is Child Protection's responsibility to substantiate your report.

B. Accurate observations and recording assist you in making clear, helpful reports.

C. If you feel you've made a legitimate report which Child Protection is not going to investigate, ask to speak to the supervisor or the intake worker.

D. Many reports of suspected child abuse or neglect are made on cases that are already active with Child Protection. Repeated reporting from the community provides Child Protection with the evidence it needs to move in a situation which is detrimental to the child.

E. Confidentiality laws limit the information Child Protection can give you. They will let you know whether they have accepted the case or not. If you do not receive a letter from them within two weeks, call Child Protection.

F. We must remember that Child Protection's primary goal is to keep the family intact if at all possible.

"I'LL BE SUED BY THE PARENTS IF I REPORT".

Persons who are mandated by law to report (which includes all child care workers") are immune from liability. The law reads..."any person...participating in good faith and exercising due care in the making of a report...shall have immunity from any liability, civil or criminal..."

What does this mean?

## RECORDING TO DOCUMENT CONCERNS ABOUT SUSPECTED CHILD ABUSE/NEGLECT

Concern about child abuse or neglect is often based on a series of observations or events that form a "pattern". In order to more effectively convey that "pattern" of information to the child protective agency, it is very helpful, but not necessarily essential to reporting, that child care providers document their observations.

Recording should include the child's name and birthdate. Each entry recorded should include date; factual descriptive information; and name of the recorder. This information should be kept in the child's record.

Below are two examples of recording that might be done regarding a child of concern:

Name of Child: Brian Concern Birthdate: 1/1/78

9/7/80 - For past week, Brian has been walked to day care center by seven year old sister. Conference with mother, to ask that she or a responsible adult bring and pick up child.
Judy Teacher

10/1/80 - Brian continues to arrive at day care center accompanied by seven year old sister. Clothing dirty and child in need of regular bathing and shampooing of hair. Conference with mother regarding Brian's need for regular bathing, shampooing, clean clothes. Reemphasized need for parent to bring child to center.
Judy Teacher

12/15/80 - Brian continues to arrive at day care with sister. Coat is light weight windbreaker and not zipped. He wears no hat, mittens or boots. Hygiene is not improved.
Judy Teacher

* * * * * * * * * * * * * * * * * * * * * * * * * * * * *

Name of Child: Sara Child Birthdate: 5/6/77

5/4/80 - Sara arrived in day care center today with bruise on right cheek (1/2 inch diameter) below eye. Conference with mother, who stated, "Sara fell down on coffee table".
Darlene Director

5/30/80 - Mr. Child stated that Sara's mother has left the family. Sara's father has custody of Sara and four year old brother.
Darlene Director

6/15/80 - Change in Sara's behavior noted. She is now flinching when approached by staff and won't permit physical contact. She is acting out in group time and has been hitting and kicking other children.
Darlene Director

1. You can be sued, but you will probably not be found liable or guilty. There is a difference between being sued and being found liable.

2. If you are sued you must be able to prove you reported in "good faith and exercised due care". Accurate records which reflect observable facts are absolutely essential. Keep a copy of all your records and correspondence.

"THE CHILD WILL BE PULLED FROM THE PROGRAM".

Losing income and the fact that no one will be caring for the child are two concerns which cause child care programs not to report. It has been our experience that children are sometimes pulled from the child care program. If this does happen, the child will probably be placed in another program. They will have the involvement of Child Protection and the parents will be receiving some help. This doesn't help with your loss of income but hopefully will be in the best interest of the child.

"THE PARENTS WILL BE ANGRY".

This concern is not voiced very often but is certainly one that affects all of us who prefer peace to fighting. The parents may very well be angry. The way to minimize this is to communicate clearly and effectively with parents before a crisis occurs. The Model Statement Regarding Children's Needs, included in this handbook, can be used as a basis for discussion. Parents must be informed that the program is a mandatory reporter. Parents should also be informed, on an ongoing basis, about any concerns the center may have about their child.

Take some time to think about your own feelings. Role playing with another staff person is an excellent way to practice how you will handle a situation. Do this before an incident occurs and also when you are faced with a confrontation. You don't need to see the parent alone. Having another staff person present may give you support and help to keep the situation calm.

"I'M NOT SURE - THERE ISN'T ENOUGH EVIDENCE TO REPORT YET".

The law says that you are required to report cases of suspected child abuse. You don't have to be sure. Good recording can help you make a decision. It's important to remember that it is the child who suffers if a case of child abuse or neglect is allowed to continue with no intervention.

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6/17/80 - When Sara's father came to Day Care Center today to pick up Sara, he appeared to be under the influence of alcohol. Breath smelled of alcohol, balance in walking seemed unsteady, and speech was slurred.
Darlene Director

6/18/80 - Sara arrived at Day Care Center today with (L) black eye, 1/2 inch bruise on (R) cheek, and finger print pattern of bruises on (R) arm. Sara denies knowing how she received injuries. Telephone conference with father regarding injuries. He states "Sara fell down".
Darlene Director

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CHILD NEGLECT RECORDING FORM
(to document ongoing patterns of neglect)

Child's Name: _____

Presenting Problem (describe situation, including emotional state of child and child's verbal/non-verbal communication):

Were parents contacted? _____ Their response:

Signature _____ Position _____ Date _____

SUSPECTED CHILD MALTREATMENT REPORTING FORM

1. Child's Name _____ Sex___ Birthdate _____
2. Father's Name _____ Address _____ Phone _____
3. Mother's Name _____ Address _____ Phone _____
4. Names & Ages of Other Children in Home _____

   _____
5. Other Involved Persons:

   Name _____ Relationship _____

   Address _____ Phone _____
6. Physician _____ Phone _____
7. Name of Social Service Agency Active with Family _____

   Name of Contact Person _____ Phone _____

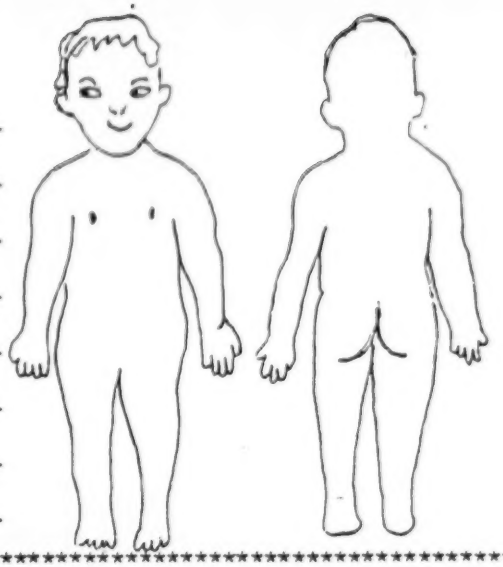
**********

1. Presenting Problem - given by Parent, Child, Caretaker - (including emotional state of child, includes observation of both verbal/non-verbal communication)

2. History of Previous Injuries, Poisoning, Neglect, or Related Events.

3. Family Social History

4. Describe and Diagram Injuries.



***

# PERTAINING TO INFANTS & TODDLERS

# GUIDELINES FOR DIAPERING AND TOILETING

## I. AREA

A. Area used for diapering should be approved by your local sanitarian or health department.

B. It should be as far away as possible from kitchen and eating areas.

C. No food or food containers should be allowed in this area. (This includes pacifiers and baby bottles.)

D. Bathroom floors, sinks, toilet, and exposed areas of changing table should be washed down with a sanitizing agency daily.

## II. EQUIPMENT AND SUPPLIERS

A. Individual storage areas should be provided to store each child's diapering supplies. This should be labeled with child's name.

B. Changing table should be used only for diapering. For sanitation reasons, the table top should be at least one foot off the ground. The table top should be sanitized after each diaper change. If soiled with feces, it should be cleaned before being sanitized.

C. A disposable, non-absorbent paper, the full length of the child, should cover the changing table and be disposed of after each use.

D. Procedure for the handling of cloth diapers should be approved by local sanitarian or health department and posted.

E. Each diaper disposal container must be covered and of adequate size. It must be lined with a polyvinyl bag which must not be reused. This should be emptied at least once daily. Container should be washed down with a sanitizing agent weekly or more often if necessary. Container should not be easily accessible to children.

F. All powders, lotions, ointment, commercial wipes, whether prescription or non-prescription, are considered medications. (Written permission and directions for use must be obtained from the parent.) These must be supplied by the parent, labeled with the child's name, and stored with his/her diapering supplies. It must be used for that child alone.

## III. DIAPERING PROCEDURE

A. Procedure should be approved by the health department or local sanitarian and posted in each changing area.

B. Children shall be kept dry and comfortable at all times. There must be a flexible plan for diapering and toileting. At least one change of clothing must be brought from home.

C. An adequate supply of clean disposable diapers should be available. Diapers may be supplied by either the parent or the center.

D. Staff persons must wash hands with soap and water before beginning procedure.

E. A SUGGESTED PROCEDURE:

1. Assemble all supplies needed for diapering in the area, within reach.
2. Adult shall wash hands with soap and water.
3. Cover the changing pad completely with paper.
4. Place child on changing table. The staff person shall not leave child's side during diapering process. Hold hand on center of child—do not leave child's side.
5. Remove soiled diaper and place on plastic (bag) or paper towel.
6. Wash bottom and genitals with warm water, soap and soft paper towel. (For bowel movements and strong urine smell, use a mild, non-detergent, non-fragrant soap.)
7. Pat bottom dry with paper towel. Dispose of towels, diaper tabs, etc., in diaper disposal container.
8. Use ointment if provided by parent.
9. Put on clean diaper, folding in plastic at top. Change child's clothes if wet or soiled.
10. Wash child's hands with soap and water. Rinse and dry well.
11. Assist child back to classroom.
12. Return to diapering area.
13. If clothes are soiled, rinse out in toilet, wring and put in.
14. Empty soiled diaper into toilet and place in plastic bag and then into the diaper disposal container.
15. Remove changing table paper. Clean when necessary and sanitize table top.
16. Adult shall wash hands with soap and water.
17. Use paper towel to turn off the faucet.

18. Mark chart.

NOTE: If child is extremely soiled, assemble supplies needed and use the infant tub for bathing. Never put a child under running water or put him/her in a sink for bathing purposes. The tub must be cleaned and sanitized after each use.

F. Toilet training shall be undertaken when appropriate according to a child's age and stage of development. Training must be in cooperation with the parent's plan. Children shall be offered frequent opportunities for toileting.

G. Potty chairs, seats and potty containers:

1. Must be in a bathroom or in an area approved by the health department or sanitarian.

2. Must be made of material and design capable of being effectively and routinely cleaned.

3. The removable part of the potty chair must be emptied, rinsed, and sanitized after each use.

4. Potty chairs and seats must be cleansed and sanitized daily, or more often if wet or soiled with urine or feces.

5. If cot; carpet, floors, toilet seats, etc., are wet or soiled with urine or feces, they must be scrubbed with a sanitizing agent immediately.

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Date of Enrollment

HEALTH CARE SUMMARY (INFANTS AND TODDLERS)
(To be completed by health care provider)

Child's Name _____ Birthdate _____

Address _____ Phone _____

Height/(Percentile) _____ Weight/(Percentile) _____

PHYSICAL FINDINGS:

| | N/AB | COMMENTS | | N/AB | COMMENTS |
|---|---|---|---|---|---|
| 1. Head | | | 11. Cardiovasc. | | |
| 2. Face | | | 12. Abdomen | | |
| 3. Neck | | | 13. Genitals | | |
| 4. Eyes | | | 14. Extremities | | |
| 5. Ears | | | 15. Joints | | |
| 6. Nose | | | 16. Muscle Tone | | |
| 7. Mouth | | | 17. Skin | | |
| 8. Throat | | | 18. Neurological | | |
| 9. Chest | | | 19. VISION | | |
| 10. Spine | | | 20. HEARING | | |

LAB FINDINGS:

| | |
|---|---|
| 1. Hemoglobin/ Hematocrit | 4. Blood Lead |
| 2. Urinalysis | 5. MANTOUX |
| 3. Sickle Cell | 6. OTHER |

IMMUNIZATION HISTORY:

Enter the MONTH and YEAR of each dose. DO NOT USE (√) OR (X).

| TYPE OF VACCINE | 1st Dose MONTH-YEAR | 2nd Dose MONTH-YEAR | 3rd Dose MONTH-YEAR | 4th Dose MONTH-YEAR | 5th Dose MONTH-YEAR |
|---|---|---|---|---|---|
| DPT (Diptheria, Tetanus & Pertussis) | | | | | |
| POLIO | | | | | |
| MEASLES | | | | | |
| RUBELLA | | | | | |
| MUMPS | | | | | |

Shading indicates the minimum number of doses which are recommended for children 18 months of age or older.

1. Does this child have Allergies?_____ Specify:_____

   RECOMMENDATIONS:_____

2. Is there a condition which may result in an emergency?_____

   _____

   EMERGENCY PLAN:_____

3.

| IMPORTANT HEALTH PROBLEMS | FOLLOWED BY: | REQUIRES SPECIAL ATTENTION IN DAY CARE CENTER |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

4. How long have you been seeing this child?_____

5. FEEDING: Please note your recommendations for the following:

   a. Type of Formula:_____ until what age?_____

   b. Kind of Milk: _____

   c. What age should start:

      Cereal _____ Meat _____ Vegetables _____

      Fruit _____ Eggs _____ Orange Juice _____

      Table Foods _____

6. Is this child developing normally for his/her age?_____
   (If not, what modifications in the Day Care Program are needed?)

   _____

   _____

NAME OF CLINIC, if applicable:_____

Address:_____ Telephone:_____

_____
(Signature of Examining Physician)

DATE FILLED OUT:_____

DATE OF EXAM:_____

HEALTH HISTORY - Infants/Toddlers
(to be completed by parent before admission)

CHILD'S NAME_____ Birth Date _____ Date _____

A. HEALTH

1. Does this child seem WELL most of the time? YES ___ NO ___

2. Is child taking any MEDICATIONS now? NO ___ YES ___
(Including aspirin, laxatives, vitamins, etc.)
If YES, What? _____
Why? _____

3. In a year, has this child had as many as 3 EAR INFECTIONS? NO ___ YES___

4. Are you concerned about your child's HEARING? NO ___ YES ___

5. In a year, does this child usually have MORE THAN 3 COLDS or sore throat infections with a fever? NO ___ YES ___

6. Are you concerned about your child's EYES OR VISION? NO ___ YES ___

7. Has your child been seen by a MEDICAL SPECIALIST? NO ___ YES ___
If YES, Who? _____
Why? _____

8. What arrangements have you made for the care of your child should he/she become ILL at the Center?

_____

_____

9. Does your child have any HANDICAPS? NO ___ YES ___

10. Other ILLNESSES/DISEASES? NO ___ YES ___

11. Has this child been HOSPITALIZED? NO ___ YES ___
Describe: _____

12. Has this child had any SERIOUS ACCIDENTS/POISIONINGS? NO ___ YES ___
If YES, What? _____

_____

13. Does this child chew unusual things, such as pencils, chalk, cribs, window ledges, paint chips, plaster or hair? (PICA) NO ___ YES ___

14. Has your child had any of the following? (Please circle) NO ___ YES ___

Premature birth
Birth Injury or Defect
Trouble Breathing at Birth
Convulsions/Seizures
Head Injury
Allergies: Eczema, hives, drug/food intolerance, hay fever wheezing, asthma, insect stings
Describe: _____

B. DEVELOPMENTAL HISTORY

How do you comfort your child? _____

_____

What are child's favorite toys? _____
What are child's favorite activities? _____
What language is spoken in your home? _____

C. SLEEPING

Do you have any special ways of helping your child go to sleep? NO ___ YES ___
What? _____
*Does your baby cry when going to sleep? NO ___ YES ___
What is your child's present sleeping schedule?
Night Time: From _____ To _____
A.M. Nap: From _____ To _____
P.M. Nap" From _____ To _____
*Does your baby prefer to sleep on his/her stomach? ___
side? ___
back? ___

*Does your baby need a pacifier? NO ___ YES ___
Does your baby need a blanket? NO ___ YES ___
Does your Child need a toy? NO ___ YES ___

D. FEEDING

*Is the baby breast fed? _____ Bottle fed? _____
*Type of bottle: _____ Type of nipple: _____
*Type of formula _____
*How many ounces taken between burps? _____

What is your child's present eating schedule?

(Specify amount and time for milk/ formula, juice, food)
BREAKFAST _____
A.M. Supplements _____

LUNCH _____
P.M. Supplements _____

Has your child any feeding problems? NO ___ YES ___
What? _____

E. TOILETING

How frequently does your child have a bowel movement? _____
Appearance of B.M. _____
Is your child toilet trained? YES ___ NO ___

What word does your child use for urination? _____
For bowel movement? _____

Does he/she use a potty chair? NO ___ YES ___
Does your child frequently have diaper rash? NO ___ YES ___
How would you like us to treat your child's diaper rash? _____
_____

PARENT'S SIGNATURE: _____
DATE: _____

* infants only

Minneapolis
HEALTH DEPARTMENT

# INFANTS DAILY RECORD

DATE _____

BABY'S NAME _____ PARENT'S NAME _____

(TO BE COMPLETED BY PARENT)

CHANGE in Phone Number for Today: _____

CHANGE in Emergency Contact Person: _____

Time of Arrival: _____

BABY SEEMS:
_____ Active as usual
_____ A bit fussy
_____ Not acting as usual

BABY SLEPT:
_____ Soundly
_____ Did not sleep well

BABY ATE:
_____ Breakfast before coming
_____ Took bottle only before coming
_____ Took food only before coming
_____ Took nothing before coming

BOWEL MOVEMENTS: Frequency: _____
Consistency: _____

ACCIDENT: _____ No _____ Yes _____
(Location)

Type: _____
(Bruise, scrape, burn, cut, etc.)

SPECIAL INSTRUCTIONS FOR TODAY:
Diet Change: _____
Activities to Avoid: _____
MEDICATION: _____
_____

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(TO BE COMPLETED BY STAFF)

| INTAKE: | Liquids (oz.) | Solids |
|---|---|---|
| Breakfast: | | |
| | | |
| A.M. Snack: | | |
| Lunch: | | |
| | | |
| P.M. Snack: | | |

OUTPUT:
Your Baby had ____ B.M.'s that were _____
Number of wet diapers: _____

SLEEP:
Your Baby went down at _____ and got up at _____

COMMENTS: Disposition any any new developmental task

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# FOOD HANDLING AND NUTRITION

# SAFE FOOD

## FOR HEALTHY CHILDREN

Bacteria which causes food borne illness can be easily transmitted through improper handling and storage of food. Follow these tips for the health of you and your children.

### FOOD STORAGE

- Refrigerators should be kept clean and maintained at 40 degrees Fahrenheit or lower.
- Meats, eggs and foods made with eggs, milk or mayonnaise spoil fast in warm weather. Keep these foods cold. Open your refrigerator as little as possible so all foods stay cold.
- Defrost frozen meats by placing them in the refrigerator a day before preparing. Never defrost food by leaving it on the counter.
- Refrigerate leftovers promptly in covered containers. Do not leave cooked food on the table for later nibbling.
- If a large amount of food needs to be cooled rapidly, place it in a shallow dish (or several if needed) so that the center of the food can cool down quickly.
- If food looks or smells bad — throw it out.

### FOOD HANDLING

- Wash hands with soap and water before preparing food and after touching raw meat, poultry, or eggs.
- If children are helping in food preparation, be sure each child has their own ingredients and utensils as children like to sample food.
- Be sure to clean utensils and cutting boards after they have come in contact with raw meat. Never work with cooked meats or other foods with the same utensils or surfaces used with raw meats without cleaning them first.
- Use clean utensils and pans when preparing foods.
- To reheat leftovers, add liquid and simmer for ten minutes.

### PURCHASING

Do NOT buy:

- bulging, rusted, or dented cans
- frozen packages that are limp, wet or broken
- bruised, crushed, or wilted fresh vegetables and fruits
- broken eggs

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## SANITATION

Preparation - All foods must be prepared in an approved kitchen or other area approved by the local health department.

Equipment - Bottle, nipples, and utensils used for formula or food preparation must be capable of being washed and sanitized as other multi-food utensils, including a two minutes final immersion in 170 F, or above water, or use of dishwasher.

Bottles filled at home need to be transported in a safe manner.

Equipment surfaces used for feeding such as high-chairs, trays, infant seats, and feeding tables must be cleaned off immediately after each use. High-chair trays and other eating surfaces must be sanitized after each use, and previous to reuse, if used for purposes other than eating.

Serving area - Entire table, chairs, etc., should be scrubbed and sanitized weekly.

Floor of feeding area must be cleaned after each use.

## FORMULA/BABY FOOD - PREPARATION AND STORAGE PRECAUTIONS

Unopened formula and baby food must be stored in an area approved by the local health department.

Filled or partially filled bottles may not be brought from home.

Baby food and formula, if brought from home, must be commercially prepared, unopened, and labeled with child's name.

Formula or baby food once opened, must be refrigerated immediately and used the same day.

If only a portion of a jar of baby food is to be used, remove the food from the jar into a dish before heating. Saliva on the spoon can begin the digestion of the food left in the jar and could start spoilage.

Formula remaining in a bottle after feeding should be thrown out and not used for the next feeding.

Formula must not be out of the refrigerator beyond feeding time.

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## HINTS FOR FEEDING INFANTS
## BIRTH TO 16 MONTHS

- Allow the baby to decide when he or she has had enough. Do not force him to eat a set amount. Inform the parents each day as to how much formula the infant has consumed while under your care.

- Do not use food as a punishment or a reward.

- Recognize that each baby is an individual with likes and dislikes.

- Do not put food into baby's bottle. Solids should be fed from a spoon.

- Offer finger foods. When baby is first learning to use a spoon, offer foods that will stick to the spoon such as mashed potatoes or applesauce.

- Begin offering a cup at 9 to 12 months.

- Changes in baby's diet should be made by the parent in consultation with the health care provider.

- Do not prop bottle or put baby to bed with a bottle. Such a practice can promote tooth decay, ear infections, or orthodontic problems. Hold baby for all bottle feedings.

- Do not add sugar or salt to an infant's food.

- In warm weather you may need to offer the baby water--about three to four ounces a day.

    a. Do not offer water before the baby's feeding. The baby may be too full to drink his/her formula. Offer water between meals.

    b. Do not add sugar to the water.

- Relax. Take your time feeding the baby. Feeding should take 15 to 30 minutes.

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## MAKING BABY FOOD

Making baby food can:

- assist in avoiding salt, sugar, or starch in many commercial baby foods.
- allow for use of some foods normally prepared and served to older children.
- cut the cost of baby food considerably.

## EQUIPMENT

Equipment that is needed is minimal. An electric blender can quickly and easily puree almost any food to the finest consistency. Food mills (or baby food grinders) do a good job of straining fruits and vegetables but meats are difficult to puree.

## PREPARATION HINTS

### Vegetables

- Cook vegetables in very little water without salt, or steam until tender. Do not overcook.

- Fresh vegetables are the best choice for nutrition, flavor, and economy. Frozen vegetables are the best substitute for fresh and save time.

- Use the unsalted cooking liquid when pureeing, as many nutrients are in it.

- Green beans, peas, carrots, squash, and sweet potatoes work well. Do not use corn for an infant.

- Iron-fortified cereals or formula can be added to make the consistency more even.

### Fruits

- Fresh bananas can be mashed with a fork or put through a grinder. The riper the banana, the more digestible it is for the baby.

- Fresh apples, peaches, pears, plums, and apricots can be either:

  Steamed - wash fruit well. Remove skins and steam for 15 or 20 minutes. Cool. Remove pits. Blend or puree until smooth.

  OR

  Cooked in water - wash. Peel and cut fruit into small pieces. Add 1/4 cup boiling water to 1 cup fruit. Simmer until tender, 10 to 20 minutes. Blend or puree until smooth.

Meats

- Steam meats, using as little water as possible. Meats cooked for older children and not highly seasoned can be prepared in a blender or grinder for baby.

- Approximately 1/2 cup finely cubed meat, well cooked, with 2 tablespoons milk, formula, or unsalted meat broth blends well. As the baby grows older, use less liquid and blend for a shorter period of time for more texture.

- Liver is the easiest meat to blend and is very rich in iron.

Combination Foods

- When baby is old enough for meat, egg noodles, potatoes, and other starches, meat dinners can be made from hot dishes made for older children or from combinations of foods.

  Hot Dish Meat Dinner - add 1 to 2 tablespoons of milk formula to 1/4 cup hot dish. Blend.

  Combination Meat Dinner - one-half cup liquid such as milk, unsalted water from cooking vegetables, vegetable juice, or unsalted meat broth. Three-fourths cup cooked meat such as beef, veal, or liver. Three tablespoons cooked vegetables. Blend.

Cautions

- Cleanliness is always very important in food preparation, but especially when food is blended or ground. Clean hands and utensils are musts.

- Foods must be fresh or freshly cooked.

Food Consistency Summary:

Pureed (5-7 months)
Ground (8-9 months)
Chopped (10-18 months)
General (19-24 months)

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# TWENTY-FOUR (24) HOUR FOOD GUIDE FOR INFANTS

| AGE | FORMULA WITH IRON | CEREAL | JUICE | FRUIT | VEGETABLES | MEAT | STARCH | DEVELOPMENT OF FEEDING SKILLS |
|---|---|---|---|---|---|---|---|---|
| 0-1 mo.<br>1-2 mo.<br>2-5 mo. | 18-24 oz.<br>22-28 oz.<br>26-32 oz. | | | | | | | Sucking, swallowing. Turns mouth toward nipple. Solids are not tolerated well. |
| 5-7 mo. | 26-32 oz. | 4-8 Tb. Only rice cereal | 4 oz. | 2-5 Tb. Strained fruits | 2-5 Tb. Strained vegetables | | | Tongue can transfer food to back of mouth for swallowing. Develops head and neck control. Can sit with support. |
| 7-8 mo. | 26-32 oz. | 4-8 Tb. Rice, Barley & Wheat cereals | 4 oz. | 9-18 Tb. Strained or junior foods | 9-18 Tb. Strained or junior foods | 7 Tb. (3.5 oz. jar) Strained junior or chopped | | Infant begins chewing movements. Introduction of coarser textured food is important in acceptance of foods that are not smooth. Can start learning how to hold a cup. |
| 8-9 mo. | 26-32 oz. | 4-8 Tb. | 4 oz. Orange juice can be added | 9-18 Tb. Strained or junior foods | 9-18 Tb. Strained or junior foods | 1-2 oz. or 1/4 C. Ground meat, mashed legumes, egg yolks & cheese | Dried toast or one-two slices of zwieback may be introduced | Breast or bottle fed infants can be give a cup for formula, water or juice. Expect spills. Infant is ready for chopped or mashed potatoes. |
| 9-12 mo. | 26-32 oz. | 1/2 - 3/4 C. | 4 oz. | 1/2 C. Use chopped family foods | 1/2 C. Use chopped family foods | 1-2 oz. or 1/4 C. Use chopped family foods | Potatoes, macaroni, finger foods may be introduced | Infant can pick up objects with thumb and finger. Gradually increase texture of foods as chewing ability increases. Chewing may improve with 2-4 teeth. Infants can drink from cup alone. Use egg whites after 12 months. |

## FOODS TO AVOID FOR INFANTS AND TODDLERS

Some foods are not readily digestible and/or can cause choking.

### NOT RECOMMENDED FOR CHILDREN UNDER 24 MONTHS

| NOT READILY DIGESTIBLE | CAN CAUSE CHOKING |
|---|---|
| Bacon | Hard candy |
| Baked beans (could serve beans mashed and lightly seasoned) | Raw carrots (finely shredded is fine) |
| Corn (not even creamed) | Raw celery |
| Raw cucumber | Peeling on fruit |
| Leafy vegetables | Foods with seeds (serve watermelon and grapes after removing seeds; serve oranges cut against the grain) |
| Stringy spinach | |
| Raw onion | |
| Raisins | Nuts |
| Bran | Olives, pickles |
| Heavily spiced foods | Chunky peanut butter |
| Chocolate | Popcorn |
| Gravy | Hot dogs, unless diced |

### HIGH RISK FOR ALLERGIES
(avoid early introduction)

Avoid until 6 months:

- Orange juice
- Pineapple juice
- Tomato juice
- Grapefruit juice
- Wheat

Avoid until 9 months:

- nuts
- nut butters

Avoid until 1 year:

- egg white

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# HEALTH RESOURCES

EMERGENCY TELEPHONE STICKERS

Contact local police or fire department

FIRST AID TEXTBOOK

Check with your local book store for books - specific to care of ill children and child emergencies.

POISON SAFETY

For information regarding poison safety curriculum contact:

National Poison Center Network Headquarters
Children's Hospital of Pittsburg
125 DeSoto Street
Pittsburg, PA 15213
or
state or local center, if available.

THERMOMETERS, Disposable

See local pharmacist or medical supply company.

MEDICINE SPOONS AND MED CUPS for dispensing accurate dose of medication

Available at drug stores.

COMMUNICABLE DISEASE EXCLUSION

Contact: State or Local Health Department
or
Infectious Diseases in Child Care
Hennepin County Community Health Department
Mc Gill Building
501 Park Avenue
Minneapolis, MN 55415

CAR SEATS FOR INFANTS, TODDLERS, & PRESCHOOLERS

List of approved car seats for infants, toddlers, preschoolers from:

Physicians for Automotive Safety
50 Union Avenue
Irvington, NJ 07111
or
State Safety Council

PEDESTRIAN AND AUTO SAFETY

For general information contact:

American Automobile Association
Traffic Safety Department
8111 Gatehouse Road
Falls Church, VA 22047
or
State office for A.A.A.

SAFE EQUIPMENT AND TOYS

For information regarding safe equipment and toys, including literature and films for parents, staff and children from:

U.S. Consumer Product Safety Commission
Washington, D.C. 20207

Regional offices are in Atlanta, Boston, Chicago, Cleveland, Dallas, Denver, Kansas City, Los Angeles, Minneapolis, St. Paul, New York, Philadelphia, San Francisco and Seattle.

PLASTIC BAGS - For discarding disposable diapers

Plastic produce bags available in rolls from grocery stores.

PAPER COVERS FOR DIAPER PAD

Contact:

Medical supply company
or
Use computer paper or butcher paper

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